

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE)		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: DAY		TIME: MILITARY			
CRASH OCCURRED ON		975 Kingsview Drive		WITHIN THE INTERSECTION OF		0212031155		MON 1130			
IF NOT IN INTERSECTION		N		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE					
LOG-1		LOG-2		LOC JUR FH9 FILT							
A	UNIT NO.	NO OF OCCUPANTS	1	OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Sargant, Melissa D.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		3815 Vannest Ave. Middletown, OH 45042		INSURANCE CO OR AGENT			
PHONE NO.		513-571-7464		BIRTH DATE	02/10/83	AGE	32	SEX	F		
OWNER (IF SAME AS DRIVER, WRITE SAME)		SAME		ADDRESS				PHONE			
VEH YR	2008	MAKE	KIA	MODEL	Sorento	COLOR	Silver	STYLE	SW		
STATE	OH	LICENSE PLATE NO.	DZA 4931	TOWING SERVICE		VEH/PED DIR	FROM N TO S				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION			
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			
FIRE								<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO.	2	NO OF OCCUPANTS	0	OPERATING	<input type="checkbox"/>	PARKED	<input checked="" type="checkbox"/>	DRIVERLESS HIT & RUN NON-CONTACT		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		Corzons, Kendra		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		5197 Pinecrest Dr. Morrow, OH 45152		INSURANCE CO OR AGENT			
PHONE NO.		513-218-8220		BIRTH DATE		AGE		SEX			
OWNER (IF SAME AS DRIVER, WRITE SAME)		Corzons, Kendra		ADDRESS		5197 Pinecrest Dr. Morrow, OH 45152		PHONE			
VEH YR	2014	MAKE	Ford	MODEL	Escape	COLOR	BLK	STYLE	SW		
STATE	OH	LICENSE PLATE NO.	6FE 8925	TOWING SERVICE		VEH/PED DIR	FROM N TO S				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION			
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			
FIRE								<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES		
		ADDRESS		PHONE		SEX	A B C D E F		1 2 3 4 5		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
		ADDRESS		PHONE		SEX					
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		CONDITION		
		ADDRESS		PHONE		SEX			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		RESTRAINTS		
		ADDRESS		PHONE		SEX			1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		
									ALCOHOL		
									A B C D E F		
									1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
									EJECTION		
									A B C D E F		
									1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		
									DRUGS		
									A B C D E F		
									1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES	
1438		1441		1453		1511		10		28	
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY			
0212031155		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Ptl. C Brock		126					

2015-2803